

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4350

BIRTH NO.		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 4143		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY Cooper b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackwater c. LENGTH OF STAY (in this place) 20 Yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Church.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackwater d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) c. (Last) Langlotz				4. DATE OF DEATH (Month) (Day) (Year) February 5 th 1950			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 9 th 1869	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY (Retired)		11. BIRTHPLACE (State or foreign country) Cooper County, Missouri.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John Langlotz		13b. MOTHER'S MAIDEN NAME Mary Zin		14. NAME OF HUSBAND OR WIFE Mrs. Carrie Kulow Langlotz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Carrie Langlotz, Boonville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 431X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Oct. 5, 1946, to Feb. 5, 1950, that I last saw the deceased alive on Feb. 3, 1950, and that death occurred at 10:20 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A.B. Clark D.O.M.D.				23b. ADDRESS Blackwater, Mo.		23c. DATE SIGNED 2-7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE February 7/1950		24c. NAME OF CEMETERY OR CREMATORY West Boonville		24d. LOCATION (City, town, or county) (State) Cooper County, Missouri.	
DATE REC'D BY LOCAL REG Feb 10-1950		REGISTRAR'S SIGNATURE [Signature] 381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Missouri.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0270
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RECEIVED FEB 15
District Health Officer No. 8)

District File Number.....

Date Filed 2-24-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.